S. No. 300
Rev. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15034

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 46

0670
1

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 3, Box 14

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston 0670
d. STREET ADDRESS (If rural, give location): Route 3, Box 14 0

3. NAME OF DECEASED (Type or Print): a. (First) Amelia b. (Middle) c. (Last) Armstrong

4. DATE OF DEATH: (Month) April (Day) 6, (Year) 1953

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0

8. DATE OF BIRTH: Feb. 2, 1953

9. AGE (In years last birthday): — IF UNDER 1 YEAR Months 2 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Charleston, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Nathaniel Armstrong

13b. MOTHER'S MAIDEN NAME: Dorothy Tucker

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Dorothy Armstrong, R.3, Charleston, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: 480 X

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* No Medical attendance *19__, to 19__, that I last saw the deceased alive on 19__, and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Travis Shelby - Coroner

23b. ADDRESS: East Prairie, Mo

23c. DATE SIGNED: 4-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 6, 1953

24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.: 4-30-53

REGISTRAR'S SIGNATURE: 480-0 Jean Fancher

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: T. J. Sparks Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. Health Dept
County File No._____
Date Filed _____
MAY - 8 XVW

MAY 7 REC'D

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.....

Signed Frank Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.